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CONFIRMATION NO. 4295

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/541,113   | <b>FILING OR 371(c) DATE</b><br>12/22/2005<br><b>RULE</b>   | <b>CLASS</b><br>435           | <b>GROUP ART UNIT</b><br>1651   | <b>ATTORNEY DOCKET NO.</b><br>27611/39002A |
| <b>APPLICANTS</b><br>Guy Weinberg, Chicago, IL;<br>William E. Hoffman, Chicago, IL;<br>Richard Ripper, Chicago, IL;<br>Douglas Feinstein, Chicago, IL;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/41605 12/31/2003<br>which claims benefit of 60/437,200 12/31/2002   |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |
| <b>** SMALL ENTITY **</b>  |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>IL | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>28                  |
| <b>INDEPENDENT CLAIMS</b><br>3   |   |                               |   |  |
| <b>ADDRESS</b><br>4743   |   |                               |   |  |
| <b>TITLE</b><br>Tissue and organ preservation, protection and resuscitation  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>565  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |